

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Paul Mozen Office (if applicable) Assembly 26 District (if applicable) 322 4933
4805 Turning Leaf Mailing Address (include city and zip code) Reno 89509 Telephone No. _____
 E-Mail Address _____

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ Annual Filing - Due January 15, 2004

Period: January 1, 2003 - December 31, 2003

☒ Report #1 - Due August 31, 2004

Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug 26, 2004
 All others Period: Jan. 1, 2004 - Aug. 26, 2004
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004

☐ Report #2 Due - October 26, 2004

Period: Aug. 27, 2004 - Oct. 21, 2004

☐ Report #3 Due - January 15, 2005*

Period: Oct. 22, 2004 - Dec. 31, 2004
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ Annual Filing - Due January 15, 2005

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* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

Total Monetary Contributions Received in Excess of \$100

2. Total Monetary Contributions Received of \$100 or Less

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

Total Amount of Monetary Contributions Received

(Add Lines 1 and 2)

Total Value of In Kind Contributions Received in Excess of \$100

2700	
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EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100

6. Total Monetary Expenses Paid of \$100 or Less

7. Total Amount of All Monetary Expenses Paid
 (Add Lines 5 and 6)

8. Total Value of In Kind Expenses in Excess of \$100

1771.16	
1771.16	

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Paul Mozen
 Signature

8-30-04
 Date

CAMPAIGN CONTRIBUTIONS

Report Period # 1

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
Amy Klein 2190 Dant Reno	8-11-04	200.00	
Paul Mozen 4805 Turning Leaf	8-14-04	2500.00	✓

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CAMPAIGN EXPENSESReport Period **#**

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

1

District (if applicable)

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

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CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Paul Mozer Office (if applicable) assembly District (if applicable) 26
4805 Turning Leaf, 89509 322-4933
 Mailing Address (include city and zip code) Telephone No.

E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

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 Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100

Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative
From Beginning
of Report Period
#1 through End
of This
Reporting
Period

4396
25
7121

This Period

Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

4421

3. Total Amount of Monetary Contributions
Received

(Add Lines 1 and 2)

4. Total Value of In Kind Contributions Received in
Excess of \$100

4421 7121

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100

6. Total Monetary Expenses Paid of \$100 or Less

7. Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)

8. Total Value of In Kind Expenses in Excess
of \$100

4667.57
157.40
4824.97 6596.08

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

EL201.doc

Revised: Jan-04

Date

PAGE 1 OF 1

CAMPAIGN CONTRIBUTIONS

Report Period

#2

Name (print)

P. Mozen

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
James Koppert	9-1-04	2.00	
Waslop Craty Dem mens club	9-13-04	200.00	
Jim Greenwald	9-30	500.00	
Professional Firefighters	10-3	500.00	
Specialty Health	10-11	250.00	
W.C. Dem women	10-12	150.00	
Geri Leikin	10-16	200.00	
Reno Family Eye Care	10-18	100.00	
Cynthia Birk	10-18	25.00	
Barrett Enterprises	10-18	1000.00	
ActiveGiving.com	10-1	1296.00	
TOT		4421-	

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CAMPAIGN EXPENSESReport Period **#**

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period # 2

Name (print)

P. Mozen

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Home Depot	D	9-17	61.62
Office Depot	D	9-17	31.35
Outdoor Posters	D	9-17	859.04
Kinkos	D	9-14-04 9-17-04	64.43
Don		9-17-04	
Leopard Print	D	10-13	3808.48
			4824.92

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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

Report Period

District (if applicable)

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary**

[illegible]

PAGE _____ OF _____

Report Period

District (if applicable)

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

[illegible]

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CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Paul Mozen Assembly
 Office (if applicable) 4805 Turning Leaf Reno 89509 District (if applicable) 26
 Mailing Address (include city and zip code) Telephone No. 710 053-1739
 E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL-PRTY ☐ IND-EXP ☐ AMENDED ☐ ANNUAL FILING

☐ **Annual Filing - Due January 15, 2004**
 Period: January 1, 2003 - December 31, 2003

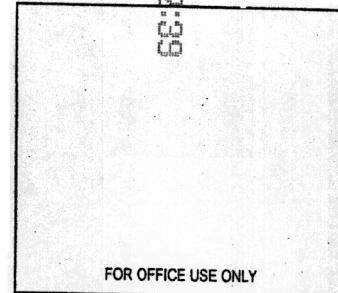
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CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1075	8196

This Period

3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)
4. Total Value of In Kind Contributions Received in Excess of \$100

1000	1000
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EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100
6. Total Monetary Expenses Paid of \$100 or Less
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)
8. Total Value of In Kind Expenses in Excess of \$100

1000	7596
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AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Paul Mozen

Signature

Date

1-5-05

CAMPAIGN CONTRIBUTIONS

Report Period #

Name (print)

Office (if applicable)

District (if applicable)

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Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
SEEA	10-26	500-	
Calvin Dunlap	10-28	500-	
Saul Schreiber	11-3	75-	

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District (if applicable)

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CAMPAIGN EXPENSES

Report Period #

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Paul Mozen	2	1-1-05	1000.00
	Loan Repayment		

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42

District (if applicable)